

Atty. Docket No. LEG03 P-317

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper, together with all enclosures identified herein, are being sent by facsimile to the Commissioner for Patents, at 703/872-9326, on the date indicated below. A total of 11 pages should be received.

06-06-03
Date:

Shaile A. Waller
Shaile A. Waller

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3679
Examiner : James M. Hewitt
Applicant : Scott C. Young et al.
Appln. No. : 10/061,699
Filing Date : February 1, 2002
Confirmation No. : 1548
For : SWIVEL DROP EAR ELBOW FITTING

FAX RECEIVED

JUN 09 2003

GROUP 3600

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Official

TRANSMITTAL LETTER

Transmitted herewith is a Reply under 37 C.F.R. §1.111 to the Office Action dated February 6, 2003. The items checked below are appropriate:

X Applicants hereby petition for a one month extension of time to respond to the above Office Action. Please charge the fee of \$110.00 for the Extension to Deposit Account No. 16-2463.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

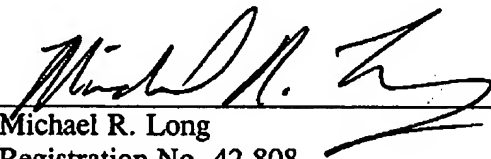
	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	20	Minus	20	= 0	x \$9	\$	x \$ 18	\$ 0.00
Independent Claims	3	Minus	3	= 0	x \$42	\$	x \$ 84	\$ 0.00
First Presentation of Multiple Dependent Claims \$140						\$	x \$280	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$ 0.00

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- ___ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- ___ No additional fee is required.
- ___ A fee of _____ to cover the cost of the additional claims added by this response is enclosed.
- X Please charge the fee of \$110.00 to cover the Petition for Extension of Time to Deposit Account No. 16-2463.
- ___ A check in the amounts of _____ is enclosed to cover the above fees.
- X Please charge any additional fees or credit overpayment to Deposit Account 16-2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

06-06-03
Date


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MRL/saw